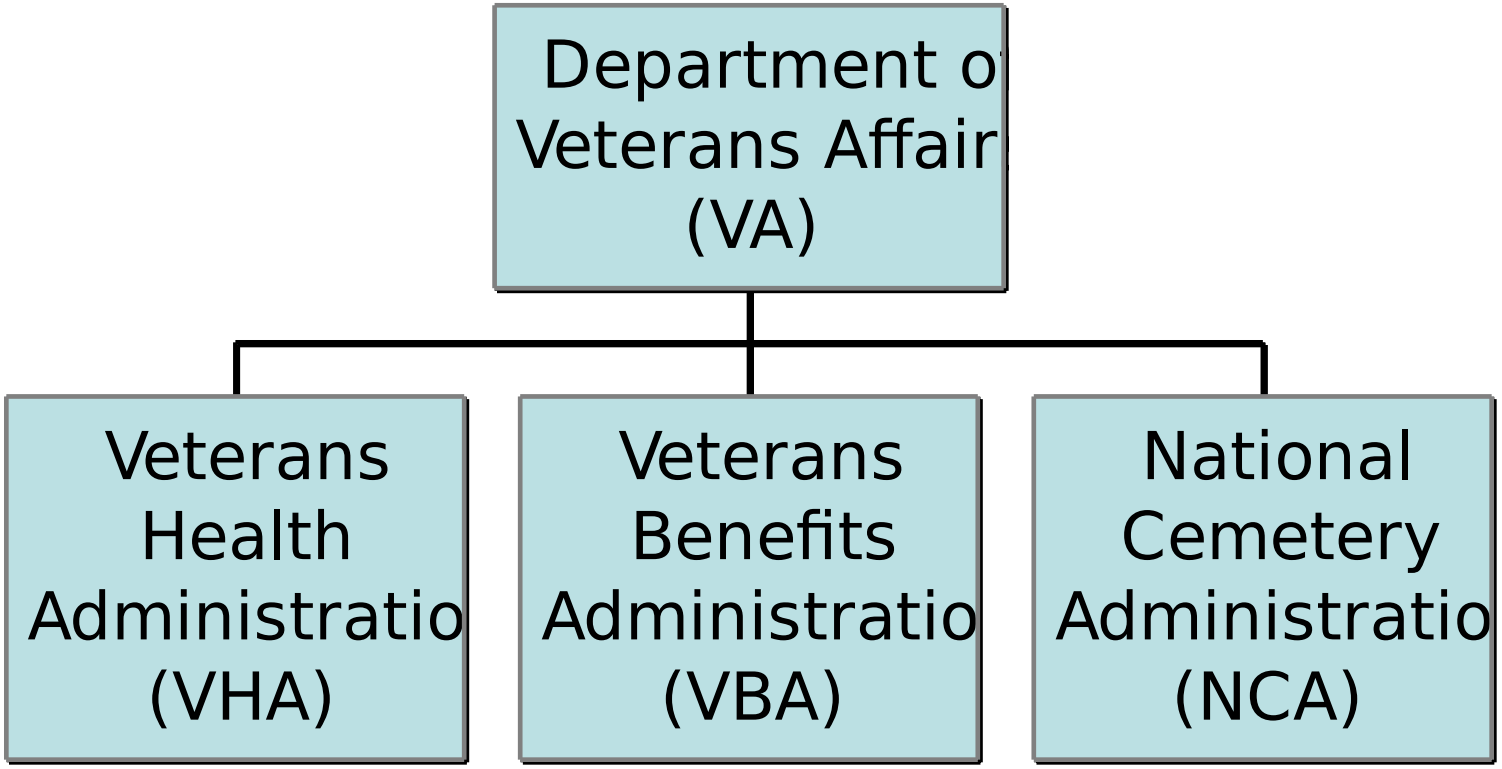
VA/DoD Sharing Conference
OEF/OIF Program
June 3, 2009

Ms. Karen T. Malebranche
Deputy Chief Officer, Legislative, Regulatory, and Intergovernmental Affairs

“To care for him who shall have borne the battle and for his widow and for his orphan”

-Abraham Lincoln

Department of Veteran Affairs (VA)



VHA MISSIONS

- **Health Care**
- **Health Professional Training**
- **Research**
- **Emergency Preparedness and Backup to Department of Defense and National Disaster Medical System**

OEF/OIF OFFICE

- Part of the Office of the Chief of Legislative, Regulatory, and Intergovernmental Affairs (Jan 2009 VHA reorganization)

- Established in 2007 within USH Office to:
  - ✓ Advise VHA Leadership on issues surrounding the transition and continuity of care for our nation's newly returning OEF/OIF service members and Veterans
  - ✓ Provide strategic direction for policy and coordination of the transition of health care services.
  - ✓ Liaison with VA Office of Policy and Planning (008)
  - ✓ Work with DoD and other agencies to assure continuum of care for service members as they become Veterans
  - ✓ Jump-start new Initiatives

OEF/OIF OFFICE

Primary Responsibilities of OEF/OIF Office:

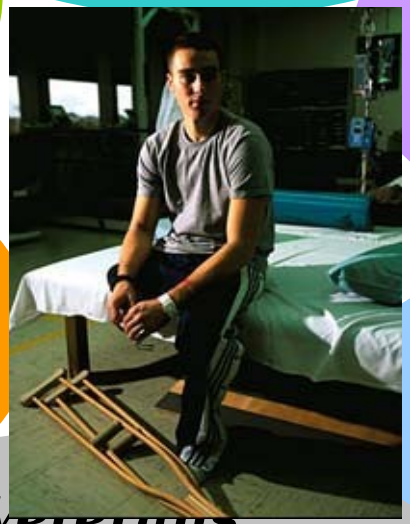
- Coordinate and Align Policy
  - Intra-agency (VHA Program Offices, OPP, VBA)
  - Federal Agencies (DoD, HHS, SOC/OIPT)
- Interagency Initiative Coordination
  - Care Management
  - FRC Program
  - Yellow Ribbon Reintegration Program (YRRP)
  - WWRC: Wounded Warrior Resource Center
  - MOU Development/ Coordination
- OEF/OIF Statistical Data Reports
- Coordinate Studies and Task Forces: e.g., DES, NAPA, Quality Of Life, Disability Commission, Conferences
- NDAA 2008 – VHA Requirements
- Briefings: Internal, Congressional, International
- Investigations: OMI, OIG, GAO

REPORTS AND STUDIES

Task Force on Returning Global War on Terror Heroes (VA/Nicholson)

Independent Review Group (IRG) (West/Marsh)

DoD IG Review of DoD/VA Interagency Care Transition



Commission on Care for America's Returning Wounded Warriors (Dole/Shalala)

Mental Health Task Force

Veterans Disability Benefits Commission (Scott)

Commissions/Task Force Recommendations

- **Independent Review Group (IRG/West-Marsh) 75**
- **Task Force on Returning Global War on Terror (GWOT) 99**
- **President's Commission on Care for America's Returning Wounded Warriors (Dole/Shalala) 40**
- **DoD Task Force on Mental Health 102**
- **Veterans Disability Benefits Commission (Scott Commission) 113**
- **DoD/IG Report 1**

Total Commissions/Task Force Recommendations 430

Independent Review Group (IRG)

- **Recommendations:**
  - Provide resources to staff and train case managers, and develop Tri-Service policy and regulatory guidelines for CM services
  - Single primary physician care manager with the CM as their basic unit of support
  - Clear standards, qualifications, and training requirements for CM personnel
  - Center of Excellence (CoE) for TBI and PTSD
  - Creative recruiting and compensations plans
  - Physical DES should be completely overhauled and updated
  - Continue to improve availability of the health care services to the Reserve component
  - BRAC should be accelerated in the National Capital Region
  - Med Hold and Med Holdover Cadre personnel should be appropriately staffed and trained

Task Force on Returning Global War on Terror Heroes (VA/Nicholson)

Mission:

- **Identify and examine existing Federal services that currently are provided to returning Global War on Terror service members;**
- **Identify existing gaps in such services;**
- **Seek recommendations from appropriate Federal agencies on ways to fill those gaps as effectively and expeditiously as possible using existing resources; and**
- **Ensure that in providing services to these service members, appropriate Federal agencies are communicating and cooperating effectively, and (ii) facilitate the fostering of agency communications and cooperation through informal and formal means, as appropriate.**

Commission on Care for America's Returning Warriors (Dole/Shalala) July 2007

Purpose: A comprehensive review of the care provided to America's returning Global War on Terror service men and women from the time they leave the battlefield through their return to civilian life.

Recommendations

1. Immediately create comprehensive recovery plans to provide the care and support at the right time and right place
2. Completely restructure the disability and compensation systems
3. Aggressively prevent and treat Post Traumatic Stress Disorder and Traumatic Brain Injury
4. Significantly strengthen support to families
5. Rapidly transfer patient information to DoD and VA
6. Strongly support Walter Reed by recruiting and retaining first-rate professional through 2011

Defense Health Board Task Force on Mental Health

Recommendations related to:

- Building a Culture of Support for Psychological Health (PH)
- Ensuring Service Members and Their Families Receive a Full Continuum of Excellent Care
- Providing Sufficient Resources and Allocating Them According to Requirements
- Empowering Leadership - Visible Leadership and Advocacy for PH
- Special Groups: Reserve Component, Female Service Members, And TBI/PH Implications

Veterans' Disability Benefits Commission – Scott Commission

Principles

- Recognize the often enormous sacrifices of military service as a continuing cost of war; commend military service as the highest obligation of citizenship.
- Goal of benefits: rehabilitation and reintegration into civilian life.
- Benefits should be uniformly based on severity of service-connected (SC) disability.
- Services should be provided that collectively compensate for the consequence of SC disability.
- Benefits and standards for determining benefits should be updated.
- SC Veterans should have access to a full range of health care provided at no cost.
- Funding and resources must be fully provided; yet be aware of the burden on current and future generations.
- Deliver in a consistent, fair, equitable, and timely manner.

DoD/VA OIG INTERAGENCY REVIEW

2005: USD P&R requested the DoD OIG review the DoD/VA care transition process for Service members injured in OEF/OIF. The DoD and VA OIGs formed an interagency team and identified 14 draft recommendations.

2006: This joint OIG team was one of 3 parallel efforts related to OEF/OIF healthcare.

2007: the Sec Def formed the SOC Office structure to coordinate, track legislative requirements, and implement actions. The joint OIG team found that DoD and VA had already addressed 11 of their 14 draft recommendations.

2008: Three remaining recommendations in various stages of pending action.

- **DoD developed draft policy for seamless transition oversight and coordination.**
- **VA began consideration of an amendment to section 1717, title 38, USC allowing the VA Secretary to provide Home Improvements and Structural Alterations (HISA) grants to eligible veterans prior to discharge from military service.**
- **Issue identified that medically retired Service members who are rated 100% disabled, deemed unemployable, and are without ready access to VA or DoD health care facilities pay more for medical care than career-service retirees because of inequitable criteria for health care coverage.**

How to Address Reports & Recommendations: Senior Oversight Committee (SOC)

- **SOC meetings began May 2007**
- **Goal: Identify corrective actions and address 400+ recommendations and mandates**
- **Co-chaired by Deputy Secretaries of Defense and Veterans Affairs**

Continuing Our Commitment

Senior Oversight Committee
Deputy Secretaries of Defense and Veterans Affairs

Overarching Integrated Product Team
PDUSD (P&R), SecVBA

1 Disability Evaluation System
Maj. Gen. Keith Meurlin (TPCC)
Mr. Tom Pamperin (VA)

2 TBI/PTSD
Ms. Ellen Embrey (Health Affairs)
Dr. Ira Katz (VA)
Dr. Lucille Beck (VA)

3 Case Management
Maj. Gen. Keith Meurlin (TPCC)
Dr. Karen Guice

4 DoD/VA Data Sharing
RADM Gregory Timberlake (IPO)
Dr. Paul Tibbits (VA)

5 Facilities
Mr. Mike McAndrew (I&E)
Mr. Bob Neary (VA)

6 Clean Sheet Design
COMPLETED

7 Legislation & Public Affairs
Ms. Gail McGinn (Plans)
RADM Patrick Dunne (Ret.) (VA)

8 Personnel, Pay & Financial Support
Maj. Gen. Keith Meurlin (TPCC)
Mr. Gary Baker (VA)

The Work

Senior Oversight Committee

- Policy & Strategy
- Oversight
- Direction

OIPT

- Coordinate, integrate, and synchronize
- Problem solve
- Recommend
- Approve LOA plans/timelines and report to SOC
- Approve LOA proposed actions (inform SOC) or forward to SOC for action
- Recommend sourcing solutions for resource needs

8 Lines of Action (LoA) Owners

- Set Plans to Achieve Goal
- Set & Track Milestones
- Identify and Enact Early Short Term wins
- Develop Legislative Language
- Identify Resource Needs

Full Time Staff

- Legislative coordination
- Prepare briefings
- Respond to ad hoc actions (e.g., letters)
- Establish systems to track progress
- Coordinate reports and responses
- Review “egregious cases” with MILDEPS
- Create cross-cutting policy (e.g., case management
- Create cross-cutting architecture to track progress
- Prepare budget issues
- Prepare legislative proposals
- Synthesize; monitor the intersection of all reports and commitments, and work to rationalize
- Manage a proactive public affairs campaign

Implementation of Recommendations: Disability Evaluation System

Problem: **The Disability Evaluation Systems (DES) of the Departments are complex, confusing and duplicative**

Solution:

- **Establish one-year pilot in the National Capital Region – Nov 2007:**
  - Single DoD/VA physical exam
  - DoD determines Line of Duty
  - VA determines Disability Rating
- **DES expansion has started with Ft Meade and Belvoir October 1, 2008, Camp Pendleton and Naval Medical Center San Diego (Balboa) in November 2008**

Implementing Streamlined DES for Catastrophically Wounded OEF/OIF Service members

Disability Evaluation System (DES)

- **To Date:**
  - Decreased timeline in overall Disability Evaluation System (DES) process: initially 540 days, DES pilot now 250 days
  - DES pilot will be expanded from the current 18 sites to include 7 additional major sites (total 28 sites) pending Senior Oversight committee approval
  - VHA and VBA developed templates for all C&P exams and certification process for all providers conducting exams

VHA role in DES Pilot

- **VHA is working with the local VISN/VAMCs**

- **VHA providing majority of general medical exams**
  With a complete and thorough narrative that is done by VHA
  providers is used by the services and VBA rating board

- **Working collaboratively with the services for specialty exams**

- **Establishing relationships with future veterans**

- **Service members are “registered” during pilot and “enrolled”**
  upon discharge

Disability Evaluation System (DES)

- **Current Cumulative Enrollment in Pilot: 1128**
- **Completed:**
  - Returned to Duty: 100
  - Separated: 36
  - Retired: 149
  - Removed from pilot: 59*
- **Currently Enrolled in Pilot: 1128**

***Reasons: transferred to location outside DES pilot, administratively discharged, deceased, etc.**

Pilot Expansion Schedule (Phase I)

Disability Evaluation System (DES)

Location	Host Military Department	VA Regional Office	Exams: VHA or VBA (OTC)	Initial Operating Capability (IOC)	Est. # of Cases per Month
Ft. Meade & Ft Belvoir	Army	Washington DC	VHA	1-Oct-08	20
San Diego NMC	Navy	San Diego CA	VHA	30-Nov-08	50
Ft Stewart	Army	Atlanta GA	OTC	30-Nov-08	30
Camp Pendleton	Navy	San Diego CA	OTC	31-Jan-09	30
NMC Bremerton	Navy	Seattle WA	OTC	28-Feb-09	11
Vance AFB	Air Force	Muskogee OK	OTC	28-Feb-09	2
Ft Polk	Army	New Orleans LA	VHA	28-Feb-09	40
Nellis AFB	Air Force	Reno NV	VHA	31-Mar-09	35
MacDill AFB	Air Force	St. Petersburg FL	VHA	31-Mar-09	25
Camp Lejeune	Navy	Winston-Salem NC	VHA	31-Mar-09	25
Ft Richardson/Ft Wainwright	Army	Anchorage AK	VHA (MTF: some specialty)	30-Apr-09	30
Ft Drum	Army	Buffalo NY	VHA	30-Apr-09	47
Elmendorf AFB		Anchorage AK	VHA (MTF: some specialty)	30-Apr-09	6
Travis AFB	Air Force	Oakland CA	VHA	31-May-09	28
Ft Carson	Army	Denver CO	VHA	31-May-09	120
Brooke Army Medical Center	Army	Houston TX	VHA	31-May-09	57
				Total Estimated Cases Per Month at all Sites:	**556**

Disability Evaluation System (DES)

Pilot Expansion Schedule (Phase II)

- **For discussion/decision by SOC August 2009**
- **In preparation, VA hosted a DES Pilot Expansion II Summit in Washington, D.C. on March 18-19, 2009**
  - Attended by VHA (VACO and VAMCs), VBA, DoD, Army, Navy, and Air Force for these sites:
    - Fort Bragg, NC
    - Fort Hood, TX
    - Fort Benning, GA
    - Fort Riley, KS
    - Ft. Lewis (Madigan AMC), WA
    - Wilford Hall Air Force Hospital, TX
    - Portsmouth Naval Hospital, VA

Implementation of Recommendations: TBI and PTSD Get Necessary Focus

Problem: Insufficient awareness, resources and coordination to support growing TBI/PTSD and needs

Solutions: Established Defense Center of Excellence (DCoE) for PH/TBI

DCoE: facilitates and implements prevention, resilience, identification, treatment, rehabilitation, and reintegration programs for PH and TBI to ensure the DoD meets the needs of the nation's military communities, warriors, and families.

Implementation of Recommendations: TBI and PTSD Get Necessary Focus (LoA #3)

Selected Accomplishments to Date:

- **NICoE Groundbreaking June 2008 (Bethesda, MD)**
- **Funded $45M in PH/TBI Research**
  - Including $5M in CAM proposals
- **Launched afterdeployment.org**
- **Partnered with WETA on Brainline**
- **Partnered with DoL and VA on America's Heroes at Work Campaign**
- **Revised/developed mTBI clinical practice guidelines with VA; Currently revising VA/DoD PTSD guidelines**
- **Issued new Mental Health access standards and increased MH providers:**
  - VA added 1172 new MH providers;
  - DoD added 223 new MH providers at MTFs and 5,628 to TRICARE staffing
  - Trained nearly 1200 DoD and network providers on evidence-based treatment for PTSD
- **Cosponsored/hosted multiple conferences (Trauma Spectrum Disorders, Suicide Prevention, Warrior Resilience, Paving the Way Home)**
- **Launched 24/7 Outreach Call Center**
- **Initiated Real Warriors public awareness campaign**

Implementation of Recommendations: TBI and PTSD Get Necessary Focus (LoA #2)

Next Steps:

- **Accelerate implementation of evidence-based studies, tools and programs**
- **Continued rapid phasing for Real Warriors / Strategic communication campaign**
- **Finalize DCoE authority, governance, roles and responsibilities to assure effective strategy execution**
- **Prepare for initiating NICoE operations**

Implementation of Recommendations: Care Management (LoA #3)

Problem: Gaps in providing the full continuum of care

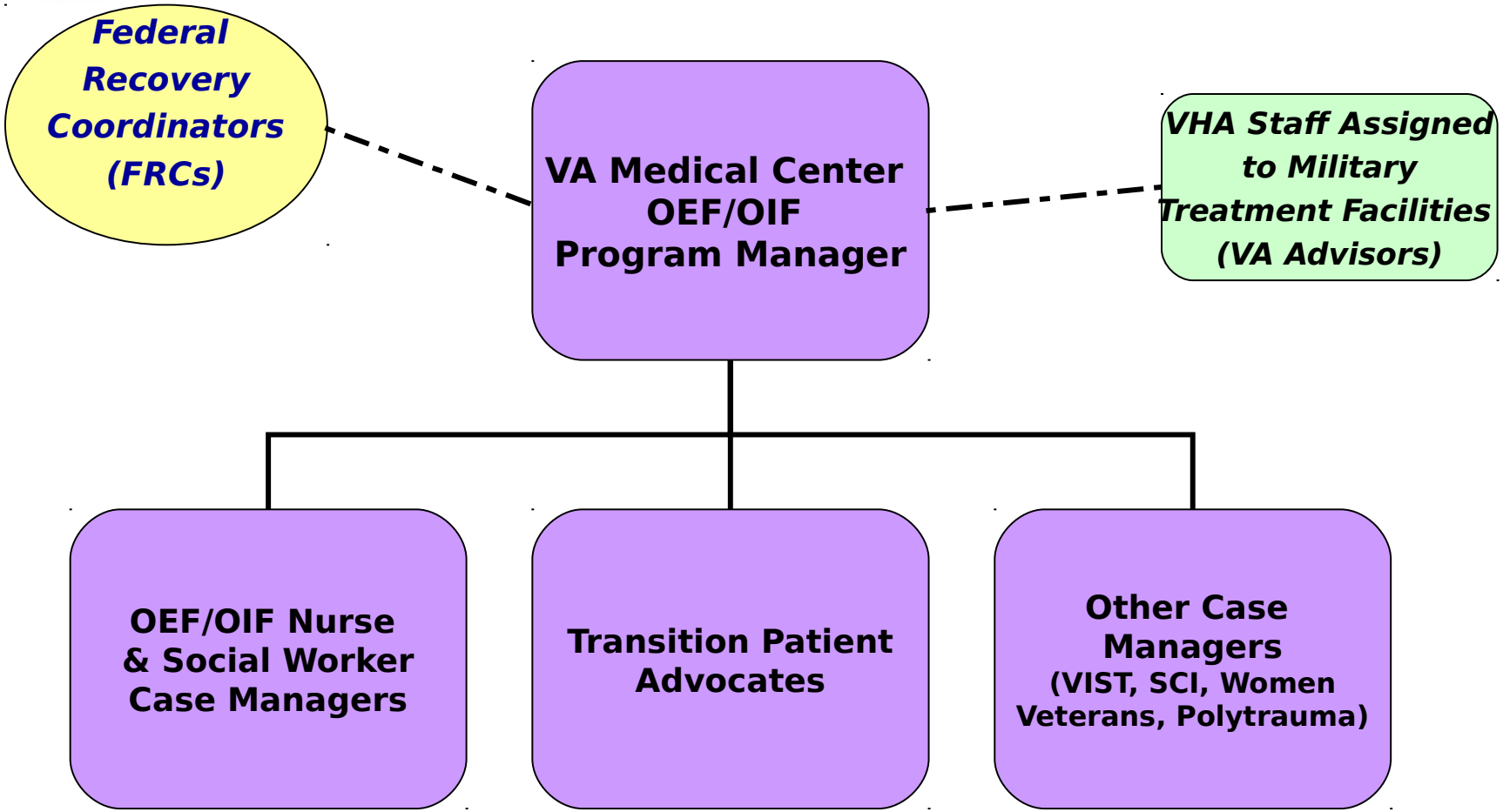
Solutions: Case Management

- Established Federal Recovery Coordination Program (FRCP)
  - Serves the severely/catastrophically WII and supports their families
  - Established criteria for those to be assisted
  - Places FRCs in major MTFs and VAMCs
  - Provides a Federal Individual Recovery Plan (FIRP) or “life map”
  - Established a National Resource Directory (NRD): Federal, State and local agencies; National organizations; Private and non-profit organizations; and Professional associations, business and industry
- DoD developed NDAA mandated Recovery Coordination Program to serve recovering Service members who are unlikely to return to duty in < 90 days
  - Imbeds Recovery Care Coordinators (RCC) in Service Wounded Warrior Programs (WWP)

Federal Recovery Coordinator (FRC) Program

- FRC Program is a joint DoD and VA program; FRCs are employed by VA
- Provides severely injured ultimate POC for access to all clinical and non-clinical care
- Engage leaders to resolve barriers
- FRC will identify severely injured upon arrival from theater and engage the VA Liaison (social worker at MTF)
- VA Liaison connects with OEF/OIF Case Management Program Manager at the VAMC

VA Medical Center Support



OEF/OIF Program Manager

- **Serves as the primary POC for OEF/OIF to:**
  - Oversee all transition activities
  - Link with the VA Liaison at the MTF for transfers
  - Assign a VA Transition Patient Advocate as ombudsman before and during transfer
  - Assign case managers for all severely injured/ill and others as needed upon transfer to the VA
  - Work closely with VBA to track benefits claims
- **Each VISN has a Lead Program Manager**

VHA Social Work/RN Liaisons

at Military Treatment Facilities, since 2003

Location		SW	RN
• Walter Reed Army Medical Center, Washington D.C		4	1
• National Naval Medical Center, Bethesda	1		
• Brooke Army Medical Center, San Antonio, TX		2	1
• Darnall Army Medical Center, Ft. Hood, TX		2	
• Madigan Army Medical Center, Puget Sounds, WA	3		
• Eisenhower Army Medical Center, Augusta, GA	2		
• Evans Army Community Hospital, Ft. Carson, CO	1		
• Naval Medical Center, San Diego, CA	2		
• Womack Army Medical Center, Ft. Bragg, NC		2	
• Naval Hospital, Camp Pendleton, CA	2		
• Center for the Intrepid, San Antonio, TX	1		
• Ireland Army Community Hospital, Ft. Knox, TN	1		
• Winn Army Community Hospital, Ft. Stewart, GA		1	
• Martin Army Community Hospital, Ft. Benning, GA	1		

(As of December 2008)

VHA and VBA Staff Assigned to Military Treatment Facilities

VHA DoD Liaisons

- Collaborate with MTF staff to coordinate transfers to VA
- Participate in video teleconferencing
- Educate veterans, service members and families on VA healthcare resources

VBA Counselors

- Identify and counsel every injured OEF/OIF service member & family regarding VA benefits and services
- Initiate disability claims process and ensure transfer to regional office

Implementation of Recommendations:

Problem: Personal health records don't "talk" to each other

Solutions:

- DoD Theater Clinical Data now available to DoD and VA providers
- Clinical and non-clinical data being shared and growing
- Interagency Program Office established April 17, 2008
- Electronic personal health care information (and other data) fully interoperable by September 2009

DoD/VA Data Sharing and Interoperability (LoA #4)

- **Interagency Program Office**
- **Information Interoperability Plan**
- **AHLTA (DoD)**
- **VistA (VA; aka CPRS)**
- **Scorecard**
- **ULTIMATE GOAL per NDAA 2008, section 1635:**

"…implement, by not later than September 30, 2009, electronic health record systems or capabilities that allow for full interoperability of personal health care information between the Department of Defense and the Department of Veterans Affairs…"

Interagency Program Office (LoA #4)

- **The Interagency Program Office (IPO) is a requirement of NDAA 2008**
- **Its purpose is to unite the interoperability efforts of DoD/VA**
- **It is a joint office:**
  - Acting Director, RADM Gregory Timberlake, USN
  - Acting Deputy Director, Cliff Freeman, VA
  - Staff includes active duty service members, VA employees, DoD employees, and contractors
- **First mandated Annual Report to Congress submitted December 30, 2008**
- **Reports to the Joint Executive Council**

Information Interoperability Plan (LoA #4)

- **The roadmap that guides DoD/VA data sharing efforts**
- **Written and updated by Interagency Program Office**
  - Version 1.0 provided to Congress (not a requirement).
  - Version 1.1 in coordination and available upon request to stakeholders
- **Goals:**
  - Facilitate continuity of high quality healthcare across private and public health communities with robust IT solutions that incorporate privacy and security protections
  - Provide effective IT support for seamless coordination of appropriate and timely benefits
  - Provide the enabling, cross-cutting infrastructure to support global and joint information interoperability
  - Provide effective IT support to population health and clinical research

Information Interoperability Plan (LoA #4)

AHLTA

- **DoD's electronic health record system**
  - Armed Forces Health Longitudinal Technology Application
- **Difficult to learn, cumbersome, long wait times during use**
- **NOT compatible with VistA/not feasible to replace VistA**
- **To be determined if AHLTA will survive interoperability and/or be replaced**

VistA

- **VA's electronic health record system**
  - Veterans Health Information System and Technology Architecture
- **More user-friendly interface than AHLTA**
- **Dated technology (1984)**
- **NOT compatible with AHLTA/not feasible to replace AHLTA**
- **To be determined if VistA will survive interoperability and/or be replaced**

Implementation of Recommendations: Facilities (LoA #5)

Problem: **Unacceptable housing and facilities identified**

Solution:

- **Established standards for Medical Hold personnel housing**
- **Submitted report to Congress on standards for Medical Treatment Facilities (MTF)**
- **Completed MTF inspections**
  - 475 MTFs inspected, all in compliance with Joint Commission standards
  - Submitted Congressional Report on Inspection results (MTFs and military quarters housing Medical Hold/Holdovers)

Implementation of Recommendations: Clean Sheet

- Complete
- 29 Jan 2008 – LoA6 Report:
- Conversion from disability assessment to ability assessment for life plan
- Create a continuum of care
- Continuous and ongoing process improvement and oversight

Implementation of Recommendations: Legislation

Main Functions:

- Legislative coordination
- Develop Legislative Language
- Manage a proactive public affairs campaign

- **Legislation to implement legal changes proposed in Dole-Shalala report were submitted to Congress on October 16, 2007.**

Implementation of Recommendations:

Problem: Pay and Personnel processes unclear

Solution: Financial Support

- Initiated study on economic burdens of caregivers
- Standardized and reduced premium for TRICARE Reserve Select
- Published Compensation and Benefits Handbook for the Severely Ill and Injured Members of the Armed Forces
  - http://Turbotap.org

VA Health Care Utilization Among OEF/OIF Veterans

Among all 945,423 separated OIF/OEF Veterans:

- 41% (400,304) have obtained VA health care since FY02
- Of those 400,304 veterans:
  - 95% (382,039): VA outpatients only
  - 5% (18,265): Hospitalized at least once in a VA health care facility
- The cumulative total of 400,304 OIF/OEF veterans evaluated by VA from FY02 though 4th quarter FY08 represents about 7% of the 5.5 M patients who receive VHA health care in any one year.

(cumulative since 10/1/2001 thru 4th Quarter FY-2008)

OEF/OIF Veterans: Common Diagnoses

- Veterans have received more than 8,000 discrete diagnoses
- Most common diagnoses:
  - Musculoskeletal/Connective System
    197,078 49% (of 400,304)
  - Mental Disorders
    178,483* 45% (of 400,304)
  - Symptoms, Sign, and Ill-Defined Conditions
    167,959 42% (of 400,304)

* Category includes 48,737 Veterans who have a diagnosis of tobacco use disorder, and no other mental disorder.

(cumulative since 10/1/2001 thru 4th Quarter FY-2008)

Yellow Ribbon Reintegration Program

- **Public Law 110-181, Section 582 (e)**
- **Analyze YRRP and report on successes and areas needing improvement**
- **Issue periodic internal reports and annual reports to Committees on Armed Services**
- **Reintegration program focused on entire deployment cycle**
  - Pre-deployment
  - Deployment
  - Demobilization
  - Post-deployment
- **Opened in March 2008**
- **Office personnel include:**
  - Active duty
  - Civilians
  - Contractors

YRRP VA Liaison

- **Full time VA employee placed in YRRP Office, per agreement of DepSec VA.**
- **Provides technical expertise and guidance pertaining to all VA services, benefits, and programs available to National Guard/ Reserve members and their families**
- **Responsible for creating policy on VA support of YRRP which are held throughout the deployment cycle**

Challenges/Opportunities

- Interagency Coordination
- IT issues – Federal Individual Recovery Plan (FIRP), Electronic Health Record, Interoperability
- Lifetime Case/Care Management
- Reintegration
- Family Support
  - Lodging & Travel
  - Caregiver Support
- Disability System
- Generational/societal differences and expectations

Connecting with Service Members and Veterans

- **New Web Site Pages; 10-10-EZ online**
- **Social Media (Facebook, etc.)**
- **Local VAMC events (Welcome Home, Focus Groups)**
- **Participation in local and national events and conferences**
- **Demobilization Sites:** Inform demobilizing reserve component (RC) combat veterans of their V**A health care benefits during their mandatory demobilization separation briefings**
- **Post Deployment Health Reassessment (PDHRA)**
- **Call Center**
  - **Call OEF/OIF veterans who have not enrolled for VA health care to provide information on VA services.** *Approximately 540K*
  - **Call OEF/OIF veterans who are currently being case managed or who are potential candidates for case management to offer assistance.** *Approximately 17K*
- **WWRC: Wounded Warrior Resource Center**
- **Traditional pamphlets and videos**
- **Contributions to VSO newsletters**

VA's Newest Combat Veterans